

On the sixteenth day the catheter was dispensed with, and, as the cicatrix appeared firm, an enema was administered. It acted freely without any injury to the newly-formed perineum. Scarcely any traces of the operation could be observed; the linear cicatrix, from the anus to the new commissure of the vulva, resembled the raphé. The four punctures of the pins appeared like small white dots on each side of the linear cicatrix.

On the 18th January, 1854, the patient walked about the room without the slightest inconvenience, and the next day met me in the parlour.

CHARLESTON, S. C., April, 1854.

ART. IX.—*Cases of Ovariotomy.* By ALEXANDER DUNLAP, M. D., of Ripley, Ohio.

CASE I.—Mrs. B., of Bracken County, Kentucky, aged 37 years, dark hair and eyes, bilious temperament, and the mother of five children, in September, 1852, came to consult me in reference to an enlargement of her abdomen, which had been supposed to be ascites. A careful examination, and the history of the case, showed it to be ovarian dropsy. I stated to her that medicine could not cure her, that tapping would only afford temporary relief, and that the extirpation of the tumour was her only chance for a cure; at the same time I told her the dangers of the operation, and that her chances of recovery would only be about three out of five, and left her then to decide that question for herself. She returned home. Her attending physician, still adhering to his former opinion—that she had ascites—tapped her. The enlargement of the abdomen was entirely removed by the operation, but in a month it had regained its former size, and she was again tapped. After this operation a tumour was discovered remaining in the abdomen. She was subsequently tapped twice. The amount of fluid drawn off by tapping I could not ascertain. In March, 1853, she sent for me to perform the operation for the removal of the tumour. I found her very much reduced in flesh; the abdomen enormously distended; fluctuation distinct in every part, with the exception of the right iliac region. She was most of the time confined to her bed, yet free, as I judged, from any organic disease, except that of the ovary. I determined to operate, which I did, after preparing her system, on the 24th of March, 1853, assisted by Dr. J. S. Bradford, of Augusta, Ky., in the presence of a number of medical gentlemen and students. The patient having been placed upon a suitable table, with her shoulders elevated, and her feet resting upon a chair at the end of the table, and brought under the influence of chloroform by Dr. Woodward, of Ripley, O., I commenced by an incision in the median line, through the integument and cellular tissue, from the umbilicus to a point near the symphysis pubis, by one stroke of the knife; then, by a careful dissection at one point of the incision, I opened the peritoneal sac, which I found free from adhesions at that point. By the use of my finger as a director, an opening was readily made into the peritoneum, corresponding with the one in the integument. The opening thus made was nearly twelve inches long. The adhesions, which were but slight, were then broken up by the hand (in which Dr. Bradford assisted me), excepting at the points where paracentesis had been performed, which I separated by the knife. The

tumour was then opened and emptied of its contents without allowing any of the fluid to escape into the cavity of the abdomen. Having raised the sac, together with a fleshy tumour about the size of a child's head at birth, from the cavity of the abdomen, it was supported by Dr. Bradford, while I proceeded to tie the pedicle by passing a needle, armed with a double silken ligature, through it, and tying one around each half. I then separated the pedicle, cut one end of each ligature close to the knot, and brought the other out and left it in the lower end of the incision. The cavity of the abdomen contained about a pint of fluid, and a transparent clot or coagulum floating loose without any attachment, which I suppose would weigh about eight ounces; this was removed, and the fluid carefully sponged from the abdomen. The lips of the wound were then brought together by five interrupted sutures, the intervening spaces supported by adhesive straps; lint was then applied, with a compress and bandage, and the patient placed in bed. The time occupied in the operation and dressing was twenty-eight minutes. On applying cold water to her face, she immediately aroused as from a sweet slumber, perfectly unconscious of what had been done. The pulse was 80, and had undergone no perceptible change since the commencement of the operation.

7 o'clock P. M.—Two hours after the operation, patient complained of pain in the lower part of the abdomen; pulse 88, and increasing in volume. Gave a pill 3 grs. of ext. hyos., and drew off twelve ounces of straw-coloured urine. 2½ o'clock P. M.—Pulse 88; skin natural temperature; drew off six ounces of urine.

The following notes were taken by my office students, E. R. Bell, and J. P. McClanahan, who stayed with and nursed the patient throughout:—

3 o'clock P. M.—Patient complains of pain in the back and bowels. Repeated the pill of ext. hyos. 5 o'clock P. M.—Pulse 84; uneasy sensation at the stomach; pain in the bowels; feet cold. Hot applications to the feet, and repeated the ext. of hyos. 6 o'clock P. M.—Vomited a quantity of fluid of a dark green colour. 7 o'clock P. M.—Vomited again; pulse 100. 9 o'clock P. M.—Patient restless; complains of thirst; skin natural temperature; pulse 98, and compressible. Gave a pill ext. of hyos., and toast-water. Drew off seven ounces of straw-coloured urine.

March 25. 5 o'clock A. M.—Patient has rested well; pulse 84; temperature of skin natural. Drew off sixteen ounces of urine. 8 o'clock A. M.—Vomited a worm. 11 o'clock A. M.—Patient restless; has been vomiting; pulse 84; drew off five ounces of highly coloured urine; gave a teaspoonful of camph. tinc. opii. 4 o'clock P. M.—Has rested well; pulse 84; drew off four ounces of highly coloured urine.

26th. 2 o'clock A. M.—Rested well, until within the last two hours; complains of severe gripping pains in the bowels; has been vomiting; gave a teaspoonful of camph. tinc. of opii; she vomited soon after, throwing up a large worm. 10 o'clock A. M.—Complains of distension of the bladder; pulse 84; drew off six ounces of urine. 2 o'clock P. M.—Found her in fine spirits; pulse 84, full and soft; tongue clean; appetite good; has no swelling or tenderness of the abdomen. Dressed the wound; found it uniting by the first intention; removed two of the sutures, and ordered her clothes to be changed. Diet—toast and rice-water. Ordered an enema to be given to-night to move her bowels. 8 o'clock P. M.—Resting well; drew off eight ounces of urine, and gave an enema. At 9 o'clock P. M. repeated enema, which produced a slight operation from the bowels. 10 o'clock, P. M.—Complains of pain in

the bowels; pulse 104, and full; skin warm and dry; some thirst. Gave a pill composed of blue mass, rhei, and ext. of hyos.

27th. 6 o'clock A. M.—Has rested moderately well, and has taken three of the blue mass, rhei, and extract of hyos. pills during the night; pulse 90; no evacuation from the bowels. At 10 o'clock A. M. gave two ounces of Rochelle salts. 2 o'clock P. M.—Repeated the salts; at 8 P. M. gave an enema. 10 o'clock P. M.—Had a free evacuation from the bowels; passed her urine without the use of the catheter; pulse 84.

28th. 6 o'clock A. M.—Rested well all night; pulse 84.

29th. 8 o'clock A. M.—Resting well; pulse 84; tongue clean; appetite good; has had a good night's rest. Dressed the wound; found it united by the first intention; removed the remaining sutures. It is discharging healthy pus from around the ligatures. During the night, the patient turned upon her side, producing no unpleasant feelings.

It is unnecessary to detail her symptoms further. From this time her recovery was rapid, and uninterrupted by any unpleasant symptoms. On the thirteenth day after the operation she walked across the room with assistance. I received the following note from Dr. Ferree, of Rock Spring, Ky., to whom I am greatly indebted for his kind attendance, with Bell and McClanahan, on my patient during my absence.

April 14, 1853.

I visited Mrs. B. this morning; found her in an improved condition, strong, and well enough to sit up half her time, and to walk into the adjoining room without assistance. I removed the ligatures this morning without the least difficulty or pain. I told her my attendance would no longer be necessary.

J. V. FERREE.

It was the left ovary that was removed. The weight of the tumour was thirty-seven pounds. Not more than four ounces of blood were lost in the operation.

CASE II.—Mrs. F., of Clermont County, Ohio, aged 46 years; menstruation had ceased in her fortieth year. Had received an injury in her left side seventeen years ago, and had felt the effects of it ever since. About three years since, she discovered a small tumour, about the size of her fist, floating loose in the lower part of the abdomen, which had gradually enlarged. At the time she visited me, April, 1853, I found it filling the whole cavity of the abdomen, and greatly distending it. Fluctuation was distinct in every part. After examining the case, and hearing her history of it, I told her the disease was ovarian dropsy, and that her only chance for a cure was an operation for its removal. I stated to her the dangers she would have to undergo, and gave her Dr. Atlee's tables of ovariotomy, from which to make up her mind in reference to an operation. Her general health up to this time had been good, and although she was greatly reduced in flesh, I told her I could see nothing in her case that would deter me from operating, if she wished it. I gave her directions for medicine and diet, to prepare her system in case she determined on an operation. After returning home and consulting her friends, she sent me a note, stating that she wished the operation to be performed on the 17th of May, 1853. Accordingly, on that day, assisted by Dr. J. T. Bradford, of Augusta, Ky., and in the presence of a number of medical gentlemen and students, I performed the operation in the same manner as in the case of Mrs. B. There was but one slight adhesion to the omentum, which I divided by the knife. The patient did not come under

the influence of chloroform well, and had to be held during the operation, which lasted seventeen minutes, including the dressing; but she was entirely unconscious of pain. Pulse, on placing her in bed, 84, and had undergone no change during the operation. Complained of being sick at the stomach, which soon passed off, and which I supposed to be the effect of the chloroform. Six hours after the operation she complained of severe pain in her stomach, which readily yielded to $\frac{1}{4}$ gr. sulph. morph. Her urine had to be drawn off by the catheter for three days. Bowels were moved on the third day by medicine. Catamenia made their appearance the second day, and continued for three days. The sutures were removed, two on the third day and two on the fourth. The wound healed by the first intention; she was able to be on her feet the fourteenth day after the operation. No unpleasant symptoms occurred during the progress of the case. The ligatures came away on the twenty-seventh day after the operation. The tumour consisted of one large sac, to the inner surface of which were attached the small ones, the largest of which would probably contain one-third of a pint. The walls of the sac were thin, and of a very even thickness throughout. The sac and its contents weighed thirty-one pounds. It was the left ovary that was removed. The length of the incision made was ten inches; very little blood was lost during the operation. She has since enjoyed uninterrupted good health, and is now more fleshy than ever before in her life.

In the *Louisville Journal* of September, 1853, may be found a short account of an operation in which I assisted Dr. J. T. Bradford to perform, on the 17th day of June, 1853. Tumour weighed forty-one and a quarter pounds. Patient recovered without an unpleasant symptom. This makes the fifth case of ovariotomy in which I have been concerned, four on my own responsibility, and this last one in connection with Dr. J. T. Bradford. The last four have perfectly recovered.

Mrs. H., of Brown County, Ohio (whose case was reported in the *Western Lancet* of June, 1851), has since given birth to a healthy male child.

The one operated on in 1843 (this case was never reported, being refused publication by a western journal), died on the seventeenth day after the operation from diabetes. The wound had nearly healed by the first intention. No tenderness existed over the abdomen. No *post-mortem* examination was had in the case. The tumour was cystiform, and weighed forty-five pounds. At that time I was opposed to the operation, and only performed it at the urgent solicitation of the patient and her friends. The case, although unsuccessful, satisfied my mind that the operation was a justifiable one, and that, had it been performed earlier, would have terminated favourably. The foregoing cases were all cystiform. The pedicles were small. From the history of the cases, I judged no great amount of peritoneal inflammation had previously existed, giving me ground to believe that the adhesions to the surrounding parts were not extensive or firm. This I consider an important point in the diagnosis to justify an operation. During the past year, Dr. Bradford and I have been applied to for relief in seven other cases of diseased ovary and fibrous tumours of the uterus; in most of these the patients have been willing to submit to an operation, and some of them were even anxious and urgent to have it performed. But we have refused to operate for various reasons—some on account of obscurity of the diagnosis; others from the inflamed state of the peritoneum, and the fibrous character of the tumours.

In answer to the question, Is ovariotomy justifiable? I would unhesitatingly say yes, where the case is clearly made out to be cystiform in its character, the tumour free, or but slightly adhering to surrounding parts, and

the general health of the patient such as would justify any other major operation. The difficulty of diagnosing those diseases is, I consider, the great obstacle to recommending the operation, and not the opening of the peritoneum. But because we are not able to make a clear diagnosis in every case, are we to abandon the whole class of patients to become the prey of quackery? I believe it to be considered on all sides that medication has not, as yet, been able to reach those cases.

Two cases of spontaneous rupture of the sac have come under my notice; in one, the patient was under preparatory treatment for an operation. While in the act of stooping she felt something give way, and immediately experienced the sensation, as she described it, as if boiling water had been poured into her bowels. She died in two hours after the accident occurred. The *post-mortem* examination showed a rupture in a small sac, which would contain about a pint. The whole tumour, which was cystiform in character, weighed thirty-two pounds.

The other case was more fortunate. A tumour had been growing gradually in the lower part of the abdomen until it attained the size of a child's head one year of age. One night she was awakened by a burning sensation in her bowels; on placing her hand upon her abdomen she found that the tumour had disappeared. In the morning, as soon as she arose, she had occasion to evacuate her bowels, when she discharged about a gallon of straw-coloured fluid. In a short time, however, the tumour reappeared. The discharge, the second time, was not so rapid as at first, and at the same time that she had the watery evacuation from the bowels, she also had large discharges of water from the bladder, in which some traces of blood could be discovered. Once or twice in the course of two months she could feel a return of the tumour, but which disappeared upon a discharge of fluid from the bladder and bowels. Since that time, now nearly four years, there has been no return of the tumour; but she has scarcely passed a day without passing more or less wind from her bladder. Within the last six months I have frequently examined the evacuations from the bladder; I found them to possess the same appearance and odour as that passed from her bowels. This, however, is only when she is labouring under diarrhoea. Her life is one of great suffering, and opiates are her only relief.

ART. X.—*Autoplastic Operation for the Removal of the Deformity produced by a Burn.* By A. CLARKSON SMITH, M. D., of Columbia, Lancaster County, Pennsylvania.

IN the autumn of 1853, I was consulted by John Munroe, æt. 20, in reference to a deformity of the neck, produced by a burn he had received a year previously.

On examination, I found the "tissue of the cicatrix" unattached, for the most part, to the superficial fascia, being movable, and easily raised from the parts beneath. The tissue was thick, and composed of dense fibres crossing each other, and interlacing, covered by a delicate cuticle. Small cavities, formed by the crossing of the fibres, existed here and there over its surface, at the bottom of which slight adhesion was found with the fascia beneath.